



MICHIGAN STATE PLAN ON AGING 2014-2016

October 1, 2013 – September 30, 2016

STATE OF MICHIGAN
Rick Snyder, Governor

COMMISSION ON SERVICES TO THE AGING
Harold Mast, Chair

OFFICE OF SERVICES TO THE AGING
Kari Sederburg, Director

**MICHIGAN STATE PLAN ON AGING 2014-2016
VERIFICATION OF INTENT**

This State Plan on Aging 2014-2016 is submitted on behalf of Governor Rick Snyder for a three-year period beginning October 1, 2013, through September 30, 2016. It includes information required in the federal Program Instruction AoA-PI-12-03, namely:


- A narrative describing Michigan's planned efforts on behalf of older adults.
- A description of Michigan's intrastate funding formula.
- Signed statutory assurances and other mandatory attachments.

As the designated state unit on aging, the Michigan Office of Services to the Aging is granted authority to develop and administer this plan, with responsibility for coordination of all state activities related to purposes of the Older Americans Act, as amended, and the Older Michiganians Act. The Michigan Commission on Services to the Aging is granted authority for expenditure of all funds related to these laws.

This State Plan on Aging 2014-2016 is hereby approved by the Michigan Commission on Services to the Aging, with authorization to proceed with implementation upon approval by the U.S. Assistant Secretary for Aging.

The designated representatives below verify the intention of the State of Michigan to carry out all statutory and regulatory requirements related to this State Plan on Aging for fiscal years 2014-2016.

Signed:

 _____ Kari Sederburg, Director Michigan Office of Services to the Aging	June 28, 2013 _____ Date
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 _____ Harold Mast, Chair Michigan Commission on Services to the Aging	June 28, 2013 _____ Date
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*The Michigan Office of Services to the Aging is an equal opportunity employer and program provider.
This State Plan on Aging 2014-2016 is required as a condition of funding from the federal Administration on Aging.*

MICHIGAN STATE PLAN ON AGING 2014-2016 EXECUTIVE SUMMARY

The Michigan Office of Services to the Aging (OSA) is committed to the independence and well-being of older Michigan residents. We take pride in the support of Governor Rick Snyder as we pursue greater efficiencies in the supports and services we provide, as well as innovation in oversight and programming. As OSA celebrates 40 years of dedication to advocacy and older adult services, we embrace the tasks of helping residents navigate through changes in healthcare, coordinating long-term supports and services (LTSS), and making reforms to payment systems. While we understand the gravity of potential challenges, such as shrinking revenue even as the older population grows, we also appreciate the opportunities presented through expansion of the aging network and non-traditional partnerships.

Michigan's changing demographic reflects a growing baby boom and civic generation whose ethnicity is as diverse as the needs they present. As the federally-designated state unit on aging, OSA is facing these challenges with state plan goals and objectives that address issues of access, choice, and person-centered service that build on a strong base of core programs. Over the past several years, OSA's technology has evolved to allow for seamless reporting and electronic payment which has created tremendous efficiency in all services. Currently new standards in nutrition and pilot programs to test better outcomes in core services are under review, and one of the primary considerations is how new systems can enhance potential outcomes. Quality improvement measures and greater efficiency are continued focuses for all existing and future programming.

In recent years OSA has advocated for stronger laws to prevent the rapid increase of abuse and neglect for vulnerable older adults. In 2012 the aging network celebrated as Governor Snyder signed 11 bills into law. These laws ushered in a new era of tougher penalties for criminals and better protections for older adults. OSA is committed to enhancing programs, such as the Medicare/Medicaid Assistance Program and legal assistance. In addition, OSA is collaborating with Adult Protective Services and local prosecutors to ensure older adults have the ability to live free from abuse, neglect, and exploitation.

In 2012, OSA conducted an Aging and Disability Needs Assessment for the first time in 25 years. The purpose was to gauge the changing needs of Michigan's older adults, and to assess the correlation between the needs of older adults and those of individuals with a disability. Also included in the assessment was the state's first look at the unique needs of lesbian, gay, bisexual, and transgender persons. To culminate assessment efforts, OSA championed workgroups to review assessment findings and create recommendations to increase the effectiveness of direct services. We are excited that recommendations from each workgroup are incorporated into OSA's future planning strategy, as reflected in this document.

OSA has adopted the following goals for its State Plan on Aging 2014-2016 to ensure Michigan is on a path to maximize services to older adults as well as special populations:

- I. Recognize and celebrate the cultural, economic, and social contributions of older adults, and create opportunities for engagement in their communities.*
- II. Use person-centered planning to ensure older adults have independence and self-direction through an array of long-term supports and services provided in the setting of their choice.*

- III. *Provide a variety of opportunities for older adults to enhance their physical and mental well-being, using evidence-based practices and other innovative programs.*
- IV. *Provide advocacy, information, training, and services to support the rights of older adults to live free from abuse, neglect, and exploitation.*
- V. *Develop and enhance public and private partnerships to better serve older adults.*
- VI. *Employ continuous quality improvement and innovation to accommodate the changing needs of older adults.*

These goals reflect a leadership-driven focus on efficiency and a commitment to better coordination of services for Michigan's older adults. To ensure successful delivery of core services, OSA oversees Michigan's aging network that includes 16 regional area agencies on aging (AAAs) and more than 1,300 local community-based agencies offering older adult and family caregiver services. According to 2010 U.S. Census data, one in four Michigan residents will be age 60 or older by 2030. Such exponential growth is certain to create unprecedented demand on home and community-based services for years to come.

Outlined in this plan is OSA's commitment to enhancing service delivery to broader populations, as seen in the development of the Aging and Disability Resource Collaboration (ADRC) program. Systemizing state and local partnerships around individual need, and removing communication barriers to ensure consumer choice is a paradigm shift toward better health and well-being for older adults. This partnership between the federal Administration on Community Living and OSA is designed to streamline access to LTSS and also to strengthen local partnerships already working toward the same. It is anticipated that the ADRC program will be statewide by the target date of 2014.

At the heart of OSA's future is a commitment to transforming the system of aging in Michigan in innovative ways that build on a rich 40-year history of programs responsive to people's changing needs. Today's new challenges bring a wealth of opportunities to revisit service delivery and place individuals at the helm of decision-making about their lives. This document reflects our plan to revitalize Michigan's aging network with stronger collaborations, expanded and new partnerships, an enhanced aging workforce, and greater community engagement throughout the aging network.

MICHIGAN STATE PLAN ON AGING 2014-2016 CONTEXT

Demographic Information

Michigan's older adult population, like that of the rest of the nation, is increasing in numbers as well as in diversity and complexity. There are nearly two million Michigan residents 60 or older, a 20% increase over the past 10 years. By 2030, nearly one in four residents will be 60 or older.

Michigan's residents are also living longer – the fastest growing segment of Michigan's population is adults age 85 and older, which has grown by 35% between 2000 and 2010. As of 2010, there are more than 182,000 residents between the ages of 85 and 95, and more than 1,700 centenarians, demonstrating that people will need help over a longer period of time.

These are other interesting demographic factors worth noting, based on the 2010 US Census:

- The majority of older adults (55%) are women.
- More than 13% or 255,000+ people age 60 and older identify as something other than European ancestry.
- Fifty-eight percent (58%) of those age 65 or older live with a spouse, 29% live alone, 7% live with relatives, 3% with non-relatives, and 3% live in group quarters.
- More than 20% of older adults are employed, with employment rates rising, especially for those between the ages of 60 and 74.
- The overall percentage of people age 65 and older with a disability is estimated to be 37%. Ambulatory difficulties, independent living difficulties, and hearing loss are the top three reported types of disabilities for this age group.

Geography plays an important role in considering how best to serve Michigan's older adult population. The cultures of urban, suburban, and rural settings are different, and each presents a very different profile of people with its own unique characteristics and available resources. Detroit, for example, is very different from Escanaba in the Upper Peninsula. Michigan's older adult population is heterogeneous in most ways, and a multi-dimensional approach to aging policies and programs is necessary to meet people's complex needs, wants, and preferences.

Strategic Opportunities

Governor Rick Snyder is strongly committed to the health and well-being of Michigan's older residents. His support has included funding increases for the aging network and advocacy for elder abuse legislation. He continues to champion aging issues. A businessman by training and experience, Governor Snyder is a firm believer that government can – and should – be reformed for better efficiencies and ultimately better services, a philosophy OSA shares.

Numerous opportunities are anticipated over the next three years that complement the Snyder Administration's goal of striving for a better healthcare system for all Michigan residents. Michigan has been selected by the Centers for Medicare & Medicaid Services to participate in a pilot program to integrate care for individuals eligible for both Medicare and Medicaid, and to develop and test models to transform the healthcare delivery system through the State Innovations Model grant. OSA and the aging network will play a critical role in these initiatives.

Partnership development has been identified as a critical area of focus and growth to better serve older Michigan residents – including public/private partnerships, intergovernmental collaboration, and continued expansion of relationships between the aging and disability networks. The ADRC program is instrumental in developing and coordinating services and access to information.

In the spirit of better collaboration and coordination, OSA will continue to engage in conversations to redefine LTSS within state government. The Governor's commitment to streamlining services and creating efficiencies is prompting a closer look at how LTSS are currently aligned within the state system.

To help move plans forward, OSA is fortunate to have two Governor-appointed commissions comprised of individuals dedicated to finding innovative ways of providing person-centered services:

- The Michigan Commission on Services to the Aging (CSA) oversees all funding that flows through OSA, and examines policy related to home and community-based aging services throughout the state. A State Advisory Council, appointed by the CSA, conducts research and develops recommendations on aging programs and services.
- The Long-Term Care Supports and Services Advisory Commission is a separate body that advises the Governor on initiatives across the long-term care spectrum, including Medicaid programs, facility-based care, and home and community-based services.

Michigan is a state rich in talent, experience, and expertise in the aging field. Many of these resources will be called upon to work with OSA in making whatever adjustments and improvements are necessary to ensure that Michigan's system of aging and LTSS is truly responsive to the needs of individuals throughout our state.

Potential Challenges

Individuals who are committed to human services understand the realities of funding limitations. This is no different in Michigan. Partners in the aging network have always done their best to stretch dollars and create efficiencies, but inadequate funding is exactly why Michigan needs to look at new and innovative ways to revamp its healthcare systems.

The ADRC program is an extremely important systems reform initiative, with real opportunity to change the way LTSS are accessed and provided to, older adults and individuals with disabilities. Early state-funded reform efforts established a "single point of entry (SPE)" model in FY 2006, and while it was defunded three years later due to Michigan's uncertain economic conditions, many lessons were learned and have been incorporated into the ADRC program's development.

The ADRC program's success hinges on a strong working partnership between the aging and disability networks. Each has its own unique culture. OSA has conducted a variety of joint trainings to help both networks understand one another, and recognize the expertise each network offers. This relationship will continue to evolve.

The lack of substantive funding for ADRCs has put some strain on the partner organizations. Developing a consistent funding stream for these partnerships will be a continued priority and potentially an ongoing challenge as we grow ADRCs statewide. The fragmented nature of LTSS lends itself to opportunities for positive change, but until streamlining efforts can be implemented, the disjointedness will continue to pose a problem for access and service coordination. Better coordination is critical to increasing the quality of services for older adults.

MICHIGAN STATE PLAN ON AGING 2014-2016 NARRATIVE

A. Core Programs

Core programs help keep older adults at home for as long as possible, and complement care provided by family or friends by supporting basic, daily functions like bathing and food preparation. They also help older adults and families stay informed about the array of programs available to them in their community. Core programs are targeted to those who are frail, and those who are economically and socially vulnerable, including American Indian elders and older adults residing in rural areas. Effectively targeting core programs helps OSA respond to the challenge of maintaining or increasing service levels during this time of fiscal constraints.

See Attachment B – Information Requirements for specific targeting strategies.

Core services in Michigan funded by Titles III and VII of the Older Americans Act are:

- *Access Services* – Access services assist older adults and their families find local programs. Services include care management, case coordination and support, information and assistance (I&A), outreach, and transportation.
- *In-Home Services* – Older adults needing these services have functional characteristics that prevent them from caring for themselves, and do not have sufficient informal support to meet their needs. In-home services include chore, friendly reassurance, homemaker, home health aide, home injury control, medication management, and personal care.
- *Nutrition Services* – Because proper nutrition affects overall life quality, nutrition services are a foundational component of home and community-based services offered through the aging network. Nutritious meals are provided to homebound older adults and to older adults in community settings. This program is also known to combat social isolation and it offers an important link to other needed supportive in-home and community-based services such as homemaker, transportation, or home repair and modification.
- *Community Services* – Community services include assistance to the hearing-impaired, counseling, evidence-based health promotion and disease prevention, elder abuse prevention, health screening, home repair, legal assistance, long-term care ombudsman, personal emergency response, senior center staffing, and vision services.
- *Caregiver Services* – These services allow caregivers the opportunity to work, take a break, take time to care for themselves, and get relief from caregiving duties. Studies show that when caregivers receive these services, they are more satisfied with their caregiving duties and the length of time they can be effective caregivers is increased. Caregiver services include counseling, respite, and adult day programs.

B. Special Grants

In recent years Michigan has been the proud recipient of several special grants aimed at improving upon or expanding the depth and breadth of core aging and LTSS offered through the aging network. With these grants, systemic change is being made possible.

1) Evidence-Based Disease Prevention (EBDP)

EBDP funding provides an opportunity to build program infrastructure by requiring states to:

- Strengthen the aging/public health relationship.

- Build an integrated, sustainable service system.
- Expand programs to underserved and special populations.
- Fully integrate EBDP programs into Title IIID Health and Wellness core services by amending AAA minimum operating standards and service definitions.

The web-based registration system now required will greatly expand program accessibility by allowing participants to enroll in the program anywhere in the state, at any time.

See Goal III, Issue Area A for plans on enhancing evidence-based disease prevention efforts.

2) Community Living Programs (CLP), Aging and Disability Resource Collaboration (ADRC), Options Counseling (OC)

These grants have allowed Michigan's aging network to begin the important process of transforming how services are offered to today's consumer by building on traditional core services that have historically defined the aging network. With the focus now on delivering services in a way that is guided by participant choice, these grants have inspired and supported substantial change throughout the aging network in these important ways:

- Extensive partnership development between the aging and disability communities through sharing philosophy, practices, methods, and systems of service delivery.
- Integration of person-centered planning (PCP) and self-direction (SD) into aging network services and ADRC development.
- State level policy development, especially with regard to AAA and ADRC minimum operating standards and service definitions.
- Development of an exhaustive training program to realize participant choice as a foundational element in all services.

See Goal II, Issue Areas A and B for future plans for building on this foundation.

3) Money Follows the Person (MFP)

The State Long-Term Care Ombudsman program, in partnership with the state's Medical Services Administration, received two federal grants as part of the Money Follows the Person (MFP) effort. Trained ombudsmen are paid to conduct second and third year quality of life interviews with people who have transitioned out of nursing facilities. Interviews focus on life issues such as social interaction, satisfaction with caregivers, and feeling safe. The second grant tests a community-based ombudsman program. It offers advocacy and problem-solving services to people who have transitioned out of nursing facilities – either into their own home with MFP/MI Choice (Michigan's Home and Community-Based Services Waiver) services, or into a licensed adult foster care home or home for the aged with MI Choice services.

See Goal IV, Issue Area C for future plans on Money Follows the Person activities.

4) Alzheimer's Disease and Supportive Services Programs (ADSSP)

Over the past five years ADSSP grants have been used to develop the highly-rated Creating Confident Caregivers® (CCC) program, based on Savvy Caregiver – a program successfully reaching older adults and caregivers who would not otherwise interact with the aging network.

Among the innovations to date:

- OSA, in partnership with Veterans Administration Medical Centers and Community-Based Outpatient Clinics, has provided CCC® to veterans with dementia and caregivers of veterans.

- Working with Dr.'s Carey Sherman and Ken Hepburn, originators of Savvy Caregiver, training has expanded to include options counselors through ADRC training, as well as to personal care aides through the federally-funded Building Training...Building Quality project.
- AAA minimum operating standards and service definitions will be amended to provide integration of this program into Title III-D Health and Wellness core services.

See Goal III, Issue Area C for future plans for continuing this important initiative.

C) Choice

Woven throughout all of OSA's programs and initiatives, both current and future, is the commitment to older adults and persons with disabilities that individual choice will be honored. This includes large decisions about where to live and which supports and services are desired, and how support or care is provided by a personal care aide.

Since the first federal cash and counseling grant in 2005, Michigan has been on a quest to change the culture of our LTSS system, building it anew on a foundation of PCP and self-direction. Since then, OSA has worked diligently to integrate PCP through a variety of grants (ADRC, Options Counseling, Systems Transformation) and initiatives:

- | | |
|--|--|
| ▪ MI Choice Waiver program | ▪ Building Training...Building Quality trainings |
| ▪ Community Living Program | ▪ Creating Confident Caregivers trainings |
| ▪ Veteran's Department Home and Community-Based Services | ▪ ADRC development |

OSA has developed highly successful trainings, practice guidelines for practitioners, and interview questions for hiring person-centered staff. Service definitions and minimum operating standards are being revised for federal and state-funded services to ensure they pose no barriers to participant choice. New service definitions and minimum operating standards for ADRCs are also being developed with PCP as their foundation.

OSA is also actively involved in Michigan's integrated care effort and continues to ensure that PCP is foundational to the Integrated Care Organization, and is expressed in all policies and practices that emerge from this new method of providing supports and services to persons who are enrolled in both Medicare and Medicaid.

See Goal II, Issue Area B for plans to integrate person-centered planning into practice.

D) Elder Justice

Protecting Michigan's vulnerable adults from abuse, neglect, and exploitation is an OSA priority. Significant strides, including passage of 11 elder abuse prevention laws in FY 2012, are serving to motivate key partners to invest in collaborative approaches to improve Michigan's ability to prevent, detect, assess, intervene, and investigate elder abuse, neglect, and financial exploitation.

Michigan has a long history of developing and promoting multi-disciplinary responses to abuse, neglect, and exploitation, including state and local collaborative teams and councils. Michigan will build on these projects to more fully incorporate elder justice and abuse prevention efforts into existing state and local service systems, including ADRCs. Activities will include:

- Expanding the State Long-Term Care Ombudsman program's ability to serve residents of assisted living facilities and other settings.
- Implementing the Michigan Model Investigative Protocol developed per MCL 400.11(b)(9)/Public Act 175 of 2012.

- Creating a state-level elder abuse advisory council.
- Developing and rolling out an elder abuse public awareness and training effort highlighting recently passed elder abuse legislation.

All elder rights initiatives will be conducted in collaboration with Adult Protective Services, State Long-Term Care Ombudsman, legal assistance, law enforcement, health care, and financial services partners at the state and local levels to best position these efforts for success.

See Goal IV, Issue Area A for future elder justice efforts.

E. Quality Improvement

OSA's Continuous Quality Improvement (CQI) model is intended to ensure effective, quality services from a comprehensive and coordinated network of programs, services and agencies. This model is an ongoing, data-driven process that describes, measures, reviews, and evaluates service activities and delivery. It includes:

- Enhanced AAA monitoring and area plans.
- Agency program and service performance metrics.
- Improved Aging Information System (AIS) reporting functionality.

1) AAA Technical Assistance, Assessment, and Area Plans

OSA is undertaking efforts to infuse CQI principles in its technical assistance and support, AAA monitoring (e.g., assessments), and area plan activities by:

- Enhancing the secure, web-based area plan software to better identify and describe the services, service delivery, and funding activities undertaken by each AAA.
- Enhancing ongoing information available to support OSA's review of program and financial reporting, monitoring, and onsite technical assistance.
- Incorporating planning/program/financial data into AAA assessment and monitoring.

This process allows for a comprehensive review to better understand, measure, and ensure that what is planned and presented under the area plan is delivered in a way that can be monitored and verified in terms of service levels, service recipients, and quality.

2) OSA Program and Service Performance Metrics

OSA is undertaking efforts to develop cross-agency program and performance metrics for a variety of activities. Specifically, OSA will identify key program metrics where data collection allows for ongoing monitoring and reporting in order to gauge performance. This will form a "scorecard" that can be reviewed routinely for program management purposes. The goal is to build up from detailed program and service data to broader measures that lead to quality-focused, data-informed program planning, management, and oversight.

F. Efficiencies

OSA continues to develop its internet-based Aging Information System (AIS) to create secure information systems that support informed decision-making, effective service delivery, and realize efficiencies in how work is performed. As more and more funding, monitoring and oversight of aging network activities is supported by information collected and tracked by electronic information management systems, greater importance is placed on the functionality and utility of those systems.

AIS operations have focused on improved data collection of who is being served and how, and on providing secure and efficient grants management and reporting. These improvements resulted in much less staff time and effort needed to meet these important state responsibilities:

- Targeting requirements.
- Grants management and tracking.
- Federal and state program reporting requirements.
- Minimum expenditure and earmark requirements.
- Local match and program income levels.
- Population analysis needs.

To realize efficiencies in carrying out mandated state functions, AIS technology:

- Allows for comprehensive reporting on participants and services at the state, AAA, and local levels.
- Offers one-stop, user-friendly electronic financial reporting for services and programs supported by the Older Americans Act, state funding, and special grant funding.
- Offers fully electronic processing of funding requests.

Currently OSA's 17 AIS software applications and associated websites support program and financial data collection, processing, analysis, and reporting needs of more than 1,300 users at 280 agencies.

See Goal VI, Issue Area B for plans on technology and Aging Information System innovation.

G. Partnership Development

1) Aging and Disability Resource Collaboration (ADRC)

Michigan's ADRC program is part of a major nationwide, federal movement to reform how LTSS are provided to older adults and individuals with disabilities. Guided by the national program framework, Michigan's program is built on offering people easy access to an array of service options and choices that meet their needs and preferences in a person-centered way.

In Michigan, ADRCs are local collaborations of multiple community-based partners covering defined geographic areas, which have been evolving since FY 2009 when OSA received its first federal grant to implement the program using a "no wrong door" approach. To date, 10 ADRCs, covering a total of 53 Michigan counties, are in various stages of development.

The success of the ADRC program rests at the community level through strong partnership development, spearheaded by the aging and disability communities. Coordination of services that meet an individual's needs and preferences requires access to human services, healthcare providers, data collection and analysis, as well as a plan for continued quality improvement.

Michigan is actively moving ADRC development forward through strong collaborations with multiple partners, all of whom are committed to providing services in a person-centered way. Each partner recognizes that the individual is in control of decisions about what they need and want, while offering supports and services that are responsive, timely, objective, and accurate.

To steer the ADRC development process, OSA created an external Leadership Team reflective of multiple partners (Centers for Community Living, Disability Network of MI, MI Disability Rights Coalition, AAAs, and service providers), an internal team, and six workgroups responsible for each of the program's fully-functioning criteria. Among the accomplishments to date:

- 10 ADRCs covering 53 of 83 counties.
- Creation of a searchable database for local and state resources.
- A geo-routed 1-800 number accessible to all emerging ADRCs.
- Launch of a new website focused solely on partnership activities and initiatives.

OSA is excited about opportunities presented by the ADRC initiative, and the potential to change how supports and services are delivered to older adults and those with disabilities. This common sense approach to collaboration and enhanced partnership will continue to evolve and contribute to OSA's commitment to greater efficiencies.

See Goal II, Issue Area A for future Aging and Disability Resource Collaboration plans.

2) *Intergovernmental Coordination*

As demonstrated throughout this State Plan, coordination and collaboration are critical for improved service delivery – both with external partners and within state government. OSA is continuously striving to build new relationships and develop new programs externally – and it's time to bolster those partnerships within state departments.

Michigan's Public Health Administration is committed to intergovernmental collaboration, and OSA welcomes this partnership. Public Health offers a number of programs and services that could directly impact older adults – healthy eating programs, weight management, smoking cessation – and there is great potential to jointly coordinate and implement these programs.

OSA is working more closely with Michigan's Behavioral Health and Developmental Disabilities Administration (BHDDA) to coordinate efforts related to older adults, including dementia programs and trainings, substance abuse, suicide prevention, and mental health services. The goal is to eliminate duplication of services and increase efforts to more effectively serve a larger number of older adults. OSA and BHDDA are also exploring collaborative efforts related to the ADRCs, including increasing the involvement of local Community Mental Health offices.

OSA is also strengthening relationships with Adult Protective Services (APS), housed in the Michigan Department of Human Services. In FY 2012, OSA and APS worked closely on elder abuse legislation and more recently, jointly worked on developing statewide elder abuse investigative protocols. In addition to collaborations with public health, behavioral health, and protective services, OSA will continue to reach out to other state offices and departments to forge stronger partnerships.

3) *Veterans*

Michigan was the first state to enroll veterans in the newly-formed Veteran's Department Home and Community-Based Services program, made available under the federal Community Living Program grant. Ongoing relationships developed as a result of this project with Veterans Integrated Service Network (VISN) 11 and 12 and Michigan's five Veteran's Medical Centers positions the aging network, including ADRCs, to better coordinate veterans', aging, and disability services.

Because of these successful collaborations, ADRC options counseling will soon be made available to Michigan veterans, as promised in OSA's Part B: ADRC Sustainability Program Expansion Supplemental Opportunity grant funded by the federal government.

At the state level, Governor Rick Snyder recently established the Michigan Veterans Affairs Agency, housed within the Michigan Department of Military and Veterans Affairs. This welcomed change presents many opportunities for OSA to work in state-level collaboration on planning and policy development so that veterans receive the services they are entitled to.

See Goal V, Issue Area C for future plans for enhanced veteran services.

4) Public/Private Partnerships

OSA is working to develop stronger partnerships, both within state government as well as with external partners. Enhancing public/private partnerships will be critical to expanding the network to ensure that not only the needs of older adults are met, but that we harness the talents and skills of older adults, providing opportunities for them to be engaged in their communities.

OSA is working closely with the aging network to explore entrepreneurial ways of serving greater numbers of older adults – or of serving them in more efficient, person-centered ways. OSA is also expanding its partnership base to include foundations, community colleges, universities, corporations, and other nonprofits outside of the aging network.

OSA will look for opportunities to grow and expand its partnership base and engage individuals in statewide dialogue about aging issues, programs, and services. OSA hopes to strengthen relations with organizations such as the Michigan Society of Gerontology (MSG) – a statewide group of Michigan residents concerned with education, research, action, and service on behalf of older adults. OSA strives to work more closely with MSG to provide opportunities to share ideas and best practices, and discuss innovative ideas with a diverse group of individuals.

Through partnership development, OSA will expand its relationships and develop innovative ways to tap the talents of older adults. Organizations like *BOOM: The New Economy*, for example, is working with older adult entrepreneurs to provide training and start-up capabilities for budding entrepreneurs in southeast Michigan.

OSA has begun conversations with the Council of Michigan Foundations (CMF) to identify joint opportunities for foundations to engage in larger, statewide initiatives. CMF is interested in exploring partnership opportunities related to aging-friendly communities and workforce development.

OSA is also dedicated to building and strengthening relationships with Michigan's 12 federally-recognized American Indian tribes and organizations serving American Indian elders, and will reach out to seek input on partnership opportunities, particularly with ADRC efforts.

Engaging institutions of higher education in aging-related initiatives is another important area of partnership expansion, and OSA will work with institutions of higher education, lifelong learning opportunities, employment/volunteer initiatives, and other activities that engage older adults.

See Goal V, Issue Areas A and D for future plans.

H. Community Engagement

1) Needs Assessment Overview

OSA has always recognized the value of garnering feedback from older adults, caregivers, and others served by the aging network. This understanding was the driving force behind the decision to conduct a new assessment of needs to aid in future statewide planning and program development activities.

The last needs assessment, conducted in 1987, focused exclusively on Michigan residents age 60 and over. This time, the lesbian, gay, bisexual, and transgender (LGBT) community was specifically added due to unique challenges this population group faces. This decision made Michigan one of the first states in the country to conduct a statewide needs assessment specifically for LGBT residents age 60 and older. Equally significant was a snapshot of older adults who also reported a disability.

Among the more interesting findings from this population group:

- More than 70 percent were females.
- Nearly 50 percent had a disability.
- Nearly 90 percent were living where they wanted to be.
- More than six percent of older adults or someone in their household had been victimized, or knew of someone in their neighborhood who was a victim in the last year.
- Nearly 20 percent reported not having enough money for their basic needs.

Needs assessment findings were reviewed by seven workgroups comprised of experts in each of these focus areas:

- | | |
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| ▪ Caregiving & Care Receiving | ▪ Lesbian, Gay, Bisexual, |
| ▪ Outreach & Information | Transgender/Isolation |
| ▪ Healthcare | ▪ Economic Security/Elder Rights |
| ▪ Housing & Transportation | ▪ Social Isolation & Connectedness |

Each workgroup reviewed specific findings, discussed potential implications, and produced a white paper outlining recommendations for policy and/or program consideration. Among workgroup participants, two important findings were expressed: 1) the need to take a broader look at the state to paint a picture more reflective of the entire aging population, and 2) the need and desire for continued dialogue in each of the focus areas. Common themes that emerged from workgroup recommendations also included:

- More education and awareness, and targeted messaging campaigns.
- Increased involvement from underserved groups outlined in the Older Americans Act.
- Stronger advocacy on emerging issues and policy development.
- Coordinated partnerships to enhance direct services and LTSS.
- Continued data mining and sharing to streamline services.

The growing challenges of older adults, adults with disabilities, and special populations must take a new precedent in the future development of programs and services. OSA is committed to maintaining an open dialogue with public and private stakeholders, non-traditional networks and partners, as well as the population it serves.

2) Public Input

As discussed throughout this plan, the views, opinions, and experiences of older adults are always important in shaping Michigan's future plans for aging services. Each year OSA and the Michigan Commission on Services to the Aging host public hearings across the state, where important feedback, concerns, and kudos are expressed from individuals across the spectrum.

These opportunities have been made available for public input:

- Seven public hearings were held throughout FY 2011 and FY 2012 in several parts of the state to hear firsthand from older adults, family members, service providers, public officials, and others about issues important to them. An additional five hearings are scheduled for FY 2013. Among the emerging themes:

- Services are making a real impact on older adults in the community.
- More services are needed in some communities.
- Direct care workers employed in assisted living communities are being asked to care for increasingly more frail people, who may need care in more supportive settings.
- The aging and disability networks have very different cultures, and the ADRC programs are in varying stages of relationship building.
- Volunteer programs are critical, and should be expanded.
- An Aging and Disability Needs Assessment was conducted to gauge the changing needs of Michigan's older adults, and to assess the correlation between the needs of older adults and those of individuals with a disability.
- A State Advisory Council, comprised primarily of older adults, remains an ongoing source of information and input on aging issues in Michigan.
- OSA hosted a focus group of older adults and individuals with disabilities to garner input for the development of a new age-friendly state website.
- OSA actively participates in Older Michiganians Day, an annual advocacy event for more than 1,000 older adults at the state Capitol. This is a time for state public officials to hear what is in the minds and hearts of older adults from every corner of the state.

OSA will continue to host public hearings, actively engage the State Advisory Council and participate in Older Michiganians Day. In addition, focus groups are planned to test recommendations stemming from the needs assessment, and to help OSA gauge the best ways to communicate with older adults.

3) Local Community Engagement

Engaging communities in the process of becoming more “age-friendly” has been a longstanding priority. Through the Communities for a Lifetime (CFL) program, OSA works with a variety of communities (local municipalities, counties, cities) to assess and develop a plan to make the community more livable for older adults and people of all ages. With the aging of Michigan's population, this initiative will become even more critical to ensure our communities are ready to accommodate the needs of this population.

OSA will work with many partners, including the Michigan Municipal League, AARP-Michigan, the Michigan Association of Senior Centers, the Michigan Directors of Services to the Aging, and the Michigan Association of Nutrition and Aging Service Programs, to engage local communities – whether part of the CFL program or not – in planning for the future of older residents they serve. While this includes such things as physical improvements and walkable streets, it also includes support of local senior millages and other funding to increase local services.

4) Volunteerism

Volunteering has tremendous value – to individuals, families, and communities. For older adults, volunteering provides opportunities to make new friends, use skills learned over a lifetime, expand personal and professional networks, boost social skills, stay connected, give back and have fun! Whether someone is 15, 35, or 75, helping others has repeatedly proven to promote self-worth while doing something for the greater good of our communities.

Research has shown that productive activity and strong social networks contribute to prolonged mental and physical health, and older adults who continue to learn, grow and share their life of experience and knowledge with others report increased happiness with their lives. It is often

said that more is gained from what we learn from challenges and adversity. The normal process of growing older presents many opportunities to learn, grow and share that learning. Governor Snyder understands that older adults represent a significant, valuable, and underutilized resource, and is deeply committed to looking at innovative ways to better engage older adults in their communities. Michigan has many older adults who are comfortably retired and have expressed a strong desire for volunteer opportunities that are meaningful, more episodic, and different from volunteer opportunities of the past.

To this end, Governor Snyder has directed OSA to find creative ways of connecting the valuable talents of retired older adults to service to their communities. OSA will seek out partners, like the Michigan Community Service Commission, to actively pursue ways to connect interested older adults with organizations or other individuals that could benefit from their skills.

OSA currently oversees Foster Grandparents, Senior Companions, and RSVP:

- RSVP provides volunteer opportunities for people 55 and older to serve their communities, explore new interests, and stay active.
- The Senior Companion Program offers low-income men and women 55 and older the opportunity to provide individualized care and assistance to other seniors and adults with developmental disabilities.
- The Foster Grandparent Program provides opportunities for low-income people 55 and older to assist children and youth who need personal attention and help in schools, hospitals, juvenile detention facilities, day care centers, and community programs.

In developing the proposed new volunteer initiatives, OSA will apply lessons learned from managing these programs to create more broad-based opportunities for volunteer engagement.

See Goal I, Issue Area A for plans for expanding the scope of volunteer programs.

I. Workforce

1) Healthcare Workforce

The aging of Michigan's residents and the declining number of primary care physicians is putting an increased demand on the state's healthcare workforce. Nearly half of Michigan's primary care physicians are over the age of 60, and the state is seeing fewer medical students choosing primary care as their field of study. In addition, the number of geriatric fellows has decreased 10 percent in the past year alone, according to the Michigan Health Council.

OSA is working with universities, including Michigan State University (MSU) and Ferris State University (FSU), to look at ways to attract students to the gerontology field. MSU recently received a grant to increase the geriatric curriculum for medical students, and work closely with a variety of hospitals to place geriatric fellows. FSU is developing a Bachelor's Degree in Long-Term Care, and OSA is working with FSU on curricula development, as well as on post-graduation internship placements.

In addition, the need for direct care workers is increasing substantially, while the ability to recruit, train and retain individuals is an ongoing struggle. Direct care workers – be they nursing aides, orderlies, attendants, personal aides or home care aides – are critical to ensuring the availability of home and community-based care for older adults, yet it remains an underpaid and under-valued profession. By 2020, Michigan will need an estimated 33,000 more direct care workers – up from more than 100,500 in 2010 – and additional home help workers to support the LTSS needs of Michigan's increasing number of older adults and persons with disabilities.

In FY 2010 OSA was awarded a Real Choice: State Profile Tool (SPT) grant under which basic data was collected on the direct-care workforce in publicly-funded home and community-based programs. Low wages, part-time hours, lack of mileage reimbursement, and lack of health benefits were among the findings cited as barriers to attracting and retaining direct care workers.

Another identified barrier relates to training. Training for direct care workers (outside of Certified Nursing Assistant training) is not standardized, and being trained by one employer does not guarantee being hired by another or prevent having to be retrained. SPT report data will be used to address the need for additional direct care workers in the future.

OSA received an innovative federal grant from the Health Resources and Services Administration entitled Building Training...Building Quality to develop and implement gold standard training curricula for personal care aides, including persons working for home health agencies and those hired by persons choosing self-direction. This training will be integrated into core services for AAAs and their contractors during the period covered by this State Plan.

OSA will be working with the state's home health registry to ensure homecare workers are qualified, and those who have completed the Building Training...Building Quality modules will be recognized on this registry. OSA will also participate on a healthcare workforce workgroup to identify current challenges to Michigan's healthcare workforce, and develop solutions to address the growing need for qualified healthcare professionals across the spectrum.

See Goal II, Issue Area D for future plans on expanding workforce initiatives.

2) Older Workers

Michigan is seeing an increase in the number of older adults still actively engaged in the workforce. Twenty percent (20%) of adults age 60 or older in Michigan are still employed. People are working later in life for multiple reasons – launch of a second career, tough economic conditions, diminished investment income, need for health insurance, and the fact that people in general are living longer – to name a few.

OSA administers the Senior Community Service Employment Program (SCSEP), a federally-funded program that enhances employment opportunities for low-income, unemployed older adults, and promotes them as a solution for businesses seeking trained and reliable employees.

Older workers are a valuable resource for Michigan's workforce, and OSA is committed to providing opportunities for individuals to find employment. OSA will begin developing partnerships to expand workforce opportunities for older adults who may not qualify for SCSEP. Partnering with organizations like Operation ABLE, a nonprofit organization that provides programs to meet the employment needs of mature individuals while also helping businesses develop a competent and dependable workforce, has unlimited possibilities.

In fact, Operation ABLE is working to train older adults to become direct care workers, an area where Michigan needs more qualified employees. OSA will work with Operation ABLE and provide curricula, training, and other supports to enhance this program.

In addition to reaching out to nonprofit service organizations, OSA will expand its outreach to community colleges, colleges, and universities to further develop and promote continuing education, job skills training, and other employment training and placement opportunities.

J. Systems Transformation

Michigan is on the brink of large scale healthcare transformation for older adults, and for all Michigan residents. Governor Snyder supports Medicaid Expansion and development of a Health Insurance Exchange under the Affordable Care Act. OSA will advocate for policy decisions that provide benefits and coverage to Michigan's older citizens, particularly those who do not yet qualify for Medicare. The impact of these changes on older adults is expected to be positive, and OSA will be available for outreach, education, and advocacy to Michigan's older population related to this transformation.

Michigan has been selected by the Centers for Medicare & Medicaid Services to participate in a pilot program to integrate care for individuals eligible for both Medicare and Medicaid. This pilot will take place in four regions throughout Michigan, and the aging network is ready to be an active player in those regions through both the home and community-based waiver, as well as through budding relationships with health plans. OSA is also represented on the steering committee of the Integrated Care for the Dually Eligible initiative, helping to ensure that older adults and the networks that serve them are included in the development of these plans.

In addition, Michigan has been selected to receive a State Innovations Model grant to test models for the transformation of the healthcare delivery system. OSA is represented on the newly-formed committee to design the process for provider and consumer input. The aging network will have an important role in this initiative, as the state works toward a more coordinated model of service delivery.

All of the exciting initiatives at the state level have prompted further discussion about the ways in which LTSS are structured and provided. Currently, for example, the Home and Community-Based Waiver Program is housed in the Medical Services Administration, non-Medicaid funded home and community-based services are housed at OSA, Adult Protective Services is housed within the Children's Administration at the Department of Human Services – and the list goes on. Better coordination is critical to increasing quality services to older adults. OSA will work with the above-mentioned partners and others to better streamline LTSS – an effort that will have a critical role in future ADRC development.

The two Governor-appointed commissions – the Michigan Commission on Services to the Aging and Long-Term Care Supports and Services Advisory Commission – will play an important role in systems transformation. Members of these commissions have vast experience in aging and LTSS and their recommendations will contribute significantly toward a more effective, efficient, comprehensive system focused on the individual.

OSA is ready to make necessary systemic changes that will ultimately impact the array of services available to Michigan's older residents. Through this transformational process, Michigan will be a place where it's great to grow up as well as grow old.

MICHIGAN STATE PLAN ON AGING 2014-2016
OVERVIEW – STATE PLAN GOALS, ISSUE AREAS, AND OBJECTIVES

Goal I – Recognize and celebrate the cultural, economic, and social contributions of older adults, and create opportunities for engagement in their communities.

Issue Areas

- A. Older Adult Economic and Volunteer Engagement after Age 60
- B. Anti-Age Discrimination Campaign

Goal II – Use person-centered planning to ensure older adults have independence and self-direction through an array of long-term supports and services provided in the setting of their choice.

Issue Areas

- A. Aging and Disability Resource Collaborations
- B. Person-Centered Planning, Self-Direction, and Cultural Competence
- C. Congregate and Home-Delivered Meals
- D. Long-Term Supports and Services Workforce

Goal III – Provide a variety of opportunities for older adults to enhance their physical and mental well-being, using evidence-based practices and other innovative programs.

Issue Areas

- A. Evidence-Based Disease Prevention
- B. Senior Center Database
- C. Creating Confident Caregivers®
- D. Mental Health and Aging

Goal IV – Provide advocacy, information, training, and services to support the rights of older adults to live free from abuse, neglect, and exploitation.

Issue Areas

- A. Elder Abuse
- B. Legal Services
- C. State Long-Term Care Ombudsman

Goal V – Develop and enhance public and private partnerships to better serve older adults.

Issue Areas

- A. Partnership Development
- B. Lesbian, Gay, Bisexual, and Transgender-Friendly Services
- C. Veterans' Access to Benefits and Services
- D. American Indian Elders

Goal VI – Employ continuous quality improvement and innovation to accommodate the changing needs of older adults.

Issue Areas

- A. Area Agency on Aging Oversight
- B. Technology
- C. Profile of Participants and Services

STATE PLAN GOAL I

Recognize and celebrate the cultural, economic, and social contributions of older adults, and create opportunities for engagement in their communities.

Issue Area I-A

Older Adult Economic and Volunteer Engagement after Age 60

Objectives

Conduct program development activities to:

- Quantify, recognize, and advertise the economic contributions of older adults to Michigan.
- Connect older adults to unsubsidized employment/second career opportunities.
- Design methods and programs to harness the wealth of time, energy, and talent possessed by older adults and involve them in volunteer efforts.
- Design strategies and programs to entice older adults into and connect them to meaningful volunteer opportunities.

Strategies

- a. Review retirement and volunteerism research, including what other states and nations have done, to provide the basis for Michigan's effort.
- b. Partner with the Council of Michigan Foundations to explore grant funding opportunities.
- c. Find and explore exemplary volunteer organizations to learn best practices.
- d. Partner with the Michigan Community Service Commission, the state's leading agency for volunteering and community services, on a broadened older adult-specific program.
- e. Partner with miTalent.org, a website designed to connect potential employees and employers, focusing on older adults.
- f. Find employers who recruit and hire older adults to learn about best practices.
- g. Form focus groups of older adults on employment after age 60 and volunteerism to gain knowledge about older adult experiences, needs, and wishes.
- h. Develop plans to connect older adults who wish to work (and are not Title V-eligible) with employers, and connect older adults who wish to volunteer to organizations and efforts.
- i. Work with alumni associations affiliated with community colleges, universities, and colleges to engage retired alumni in providing educational opportunities for older adults.

Outcomes and Performance Measures

- a. White paper on post-retirement work issues and opportunities.
- b. New partnerships with organizations to discover best practices, funding opportunities, and potential targeted efforts to recruit and connect workers and volunteers.
- c. A plan focused on ways to provide opportunities to older adults that will continue to use their skills and knowledge gained through employment or volunteerism.
- d. Positive customer satisfaction data (employer/employee, organization/volunteer).

Issue Area I-B

Anti-Age Discrimination Campaign

Objectives

- Promote and sustain a positive image of older adults to combat the negative view of aging prevalent in today's society.
- Recognize the lifelong and continuing contributions of older adults to Michigan's culture, economy, and community life.

- Celebrate the many benefits of growing older; promote opportunities for continued personal growth and learning, and the sharing of knowledge, wisdom, and resources with others.

Strategies

- a. Research and examine successful media campaigns in reversing negative imaging.
- b. Convene experts to advise OSA on:
 - Early childhood education on positive aging.
 - Philosophy of positive aging.
 - Psychology of adaptability and resilience.
 - Aspects of creative aging.
 - Power of social connection.
 - Achieving well-being, as defined by the person.
 - Personal reinvention in later life.
 - Aging with courage and humor.
 - Older women's issues.
 - Intentional aging.
- c. Secure funding for the campaign; develop, implement, and evaluate campaign.
- d. Review services, programs, and policies for barriers to positive aging.

Outcomes and Performance Measures

- a. White paper portraying a positive image of aging.
- b. Funding secured to develop and implement the campaign.
- c. Positive response to multi-media campaign.
- d. New partnerships and joint initiatives to help sustain new positive image of aging.
- e. Integration of positive aging into future program and policy development.
- f. Measurable positive change in public opinion over time.

STATE PLAN GOAL II

Use person-centered planning to ensure older adults have independence and self-direction through an array of long-term supports and services provided in the setting of their choice.

<i>Issue Area II-A</i> <i>Aging and Disability Resource Collaborations (ADRC)</i>
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Objective

Strengthen coordination of the aging/disability networks through ADRCs to redefine how long-term supports and services (LTSS) are provided and accessed.

Strategies

- a. Expand partnerships with current disability partners and develop non-traditional partnerships in aging and disability communities.
- b. Strengthen intergovernmental relationships to address gaps and/or overlap in LTSS.
- c. Provide oversight and support for local partnerships to assist with relationship building and structural guidance to enhance ADRC development.
- d. Provide policy direction through development of minimum operating standards and service definitions for ADRC functions.
- e. Advocate for legislation that supports future coordination of LTSS in aging and disability.
- f. Provide training for direct service providers that support high standards through evidence-based programs.
- g. With state departments, develop data management programs to support a streamlined application process for public benefits.
- h. Ensure mechanisms for participant and local partner feedback to enhance the ADRC initiative and the individual's experience.

- i. Seek out collaboration opportunities and funding sources that contribute to the programs' overall sustainability and growth.

Outcomes and Performance Measures

- a. Interdepartmental meetings focused on coordination of aging and disability services.
- b. Regular meetings with ADRC Leadership Team to support program growth.
- c. Rollout of statewide database with quarterly data reporting.
- d. Public awareness and increased access/use of services provided by ADRC partners.
- e. Launch statewide website, partner organization database, and geo-routed 1-800 number.
- f. Increased number of ADRC partnerships transitioning to fully-functioning status.

Issue Area II-B <i>Person-Centered Planning (PCP), Self-Direction, and Cultural Competence</i>

Objective 1

Person-centered planning and self-direction are foundational elements across the LTSS spectrum.

Strategies

- a. Training
 - Current training on PCP will be ongoing and sustainable for staff of OSA, ADRC partner agencies, and persons in aging and disability leadership positions.
 - Current network of local PCP trainers will be sustained and supported, including annual certification and development of master trainer status.
- b. Language requiring adoption of PCP values, principles, and essential elements will be embedded into AAA annual implementation plans, sub-grants, OSA grant award agreements, work plans, and contracts.
- c. AAA service definitions and minimum operating standards will be revised to ensure person-centered language and removal of barriers to providing services in a person-centered manner. Service definitions and minimum operating standards (including ADRC) will be written in a person-centered manner.
- d. Customer expectations will be built through the development and use of participant-focused information on an individual's right to PCP.
- e. Partner with sister state agencies to promote consistent PCP approach and language.
- f. Build support for adoption of PCP across the LTSS spectrum.

Outcomes and Performance Measures

- a. Groups involved and numbers of persons successfully completing PCP training.
- b. Customer satisfaction data demonstrating participants' person-centered experience.
- c. Policies, regulations, licensing, and practice guidelines reflecting PCP principles.
- d. OSA contracts and agreements contain language specific to PCP requirements.

Objective 2

Standards of cultural competency and honoring diversity are reflected in policy, practice, training and education, outreach, and partnering.

Strategies

- a. Review internal practices, staff training, and performance evaluation criteria for barriers to inclusion of diverse populations; revise as necessary.

- b. Through OSA's Cultural Competence Committee, continue the educational process for staff, moving from awareness training to emphasis on policy development and evaluation strategies.
- c. Ensure OSA's outreach, marketing, and informational materials reflect diverse images.
- d. Partner with statewide organizations to learn more about diverse populations and share OSA resources. This includes the LGBT, disability, American Indian, and refugee communities, communities with limited English proficiency, and other traditionally underserved populations.
- e. Research and make available tools for all ADRC partners to measure their own cultural competence, including guidelines for improvement.

Outcomes and Performance Measures

- a. Internal policies and practices are inclusive of diverse perspectives.
- b. Aging and ADRC marketing and outreach activities reach more people from traditionally underserved populations.
- c. Increase in the kinds of diversity trainings available to the aging and ADRC networks; increase in the number of training participants.
- d. Assess ADRC and AAA progress toward cultural competence.

<i>Issue Area II-C</i> <i>Congregate and Home-Delivered Meals</i>
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Objective 1

Develop new business models for nutrition services to encourage the creativity and flexibility needed to meet changing older adult lifestyles, social customs, and increasing cultural and ethnic diversity.

Strategies

- a. Review vendor relationships to determine prevalence of large-scale versus small-scale vendors in order to identify the potential for cost savings opportunities and efficiencies.
- b. Encourage the use of larger-scale vendors, such as schools, correctional facilities, hospitals or food service companies.
- c. Explore new partnerships for cultural and ethnic dining sites and home-delivered meals.
- d. Partner with Elder Law of Michigan to explore expanding the number of MI-CAFÉ sites.
(See Outcomes and Performance Measures on next page)

Objective 2

Update the dining experience for older adults and adults with disabilities to reflect current cultural and societal patterns.

Strategies

- a. Expand the person-centered model, allowing participants to move between congregated and home-delivered programs as needed and desired.
- b. Partner with local food producers to use fresh-from-the-farm foods for "scratch" cooking to encourage healthier eating habits.
- c. Partner with agencies and groups that work with ethnic, cultural, and minority groups to expand the number of culturally-appropriate meal sites. Target groups include American Indian, Hispanic, Arab-Chaldean, Asian, and Russian.
- d. Expand food choices (salad bars, vegetarian, allergen-free, additional meal choices).
- e. Add additional food service venues, including restaurants and other food service establishments, group activity locations (taking a sack meal on a field trip), and other locations where older adults and adults with disabilities congregate.

- f. Increase program flexibility to include expanded hours and meal options, such as being able to take a second meal home.
- g. Increase availability of shared resources through technology with a statewide web-based resource center to share menus, recipes, host a listserv, and house other information.

Outcome and Performance Measures (for Objectives 1 and 2 – Issue Area II-C)

- a. Increase in number of culturally sensitive/ethnic meal sites.
- b. Increase in number of participants ages 60 to 64.
- c. Increase in number of alternative programs, such as restaurant voucher programs.
- d. Development of a web-based resource center for nutrition programs.

Issue Area II-D Long-Term Supports and Services (LTSS) Workforce

Objective 1

Invest in improving Michigan's LTSS infrastructure to secure and maintain a competent, dedicated direct care workforce (DCW) to provide in-home supports and services.

Strategies

- a. Partner with the Department of Community Health/Medical Services Administration to:
 - Explore options to develop DCW reimbursement rates and methodologies that reflect market labor costs or a family self-sufficient wage.
 - Explore ways to create infrastructure to promote full-time work for DCWs to reduce hiring and retention challenges and save millions in replacement costs.
 - Explore options to increase DCW wages to cover the cost of transportation between participants' homes and for transporting participants.
- b. Working with the Department of Human Services, develop information for DCWs on availability of health care insurance coverage through the Health Insurance Exchange.
- c. Develop plan to include Building Training...Building Quality training competencies and curricula models for regional and state-based provider competency and training requirements.

Outcomes/Performance Measures

- a. Infrastructure is developed to improve wages, transportation cost coverage, training, and retention of DCWs.
- b. LTSS providers are informed about critical decisions to be made regarding health care coverage under the Health Insurance Exchange.
- c. Building Training...Building Quality training competencies and curricula model are included in regional and state-based provider competency and training requirements.

Objective 2

Sustain and expand the Building Training...Building Quality (BTBQ) – a training program for personal care aides (PCAs).

Strategies

- a. Create a certification process for PCAs using the BTBQ curricula.
- b. Work with the Department of Community Health to include PCA certification status on the participant/provider registry.
- c. Establish the BTBQ 77-hour core curriculum as baseline training for PCAs hired through AAAs and their subcontractors.

- d. Work with new partners (Operation ABLE and Michigan Works!) to expand BTBQ training and use their existing screening/job placement processes for newly trained PCAs.

Outcomes/Performance Measures

- a. A certification process for PCAs using the BTBQ curricula is created.
- b. PCAs are included on the Michigan Department of Community Health participant/provider registry.
- c. A corps of BTBQ-trained PCAs is developed and available for hire.
- d. Customer satisfaction with BTBQ trained PCAs.

STATE PLAN GOAL III

Provide a variety of opportunities for older adults to enhance their physical and mental well-being, using evidence-based practices and other innovative programs.

Issue Area III-A

Evidence-Based Disease Prevention (EBDP)

Objective

Make EBDP programs as “accessible as prescription medications.”

Strategies

- a. Build an integrated, sustainable service system statewide by:
 - Integrating EBDP programs into core services through use of Title III-D funding.
 - Together with the Department of Community Health/Chronic Disease Division, build an integrated, sustainable EBDP service system.
- b. Expand the scope and reach of EBDP programs to underserved and special populations, including older adults, veterans, caregivers, American Indians, Hispanics, people with low incomes, persons with disabilities, those residing in medically-underserved areas, and the unemployed.
- c. Establish aging as the “bridge” for EBDP with disability networks, public health, LTSS systems through the ADRCs, No Wrong Door, and Integrated Care.
- d. Align EBDP programs with these health care reform efforts: ADRCs, Patient-Centered Medical Homes, Accountable Care Organizations, Care Transitions programs, and Integrated Care.
- e. Integrate EBDP into existing systems: Michigan Oral Health Coalition, ADRCs, Centers for Independent Living, Inter-Tribal Council, Developmental Disabilities Council, and hospitals/healthcare systems.
- f. Assure that EBDP workshops are available for older adults, adults with disabilities, and caregivers in all life stages, providing choices on how and where they attend workshops.
- g. Provide at least one training conference/workshop per year that centers on new programs, updating current skills, and other technical assistance for EBDP providers.
- h. Secure funding from grants/other sources for programs for underserved populations.

Outcomes and Performance Measures

- a. EBDP programs offered in all 83 counties.
- b. Number of outside agencies using electronic access to register participants for classes.
- c. All AAA partners/vendors include EBDP materials in Information & Assistance (I&A) services.
- d. A web portal is available for information and registration for EBDP programs.
- e. Number of class participants from ethnic/minority, tribal, and medically underserved populations will meet or exceed their representation in Michigan’s population.

Issue Area III-B
Senior Center Database

Objective

Create an online senior center database to provide easier access to information about services, activities, and programs that may reduce social isolation, increase choices, and provide culturally and socially-appropriate venues for older adults to connect to others.

Strategies

- a. Create a workgroup representative of service providers and senior centers to define the breadth of services currently available through senior centers and identify who uses them.
- b. Craft a definition of “senior center” and explore marketing information on how to attract younger older adults, develop suggested user-friendly language and logistics, and information for the database.
- c. Design a database to be searchable on the web, linked with EBDP workshop registration, and linked to OSA and ADRC websites.
- d. Educate service providers on the availability of website information.
- e. Explore potential for older adults to register with senior centers for the purpose of response during emergencies and disasters; explore using senior centers as sites to provide assistance and refuge when emergencies occur.
- f. Explore working with academic alumni associations to connect retired college professors with senior centers to provide educational opportunities.

Outcome and Performance Measures

- a. Number of entries in database.
- b. Increased use of online sites.
- c. Survey senior centers to determine availability and diversity of services offered.
- d. Senior centers designated as emergency sites; increase number designated over time.

Issue Area III-C
Creating Confident Caregivers (CCC)®

Objective 1

Sustain and expand the CCC® program, integrating it into core services.

Strategies

- a. Adopt an OSA service definition that allows AAAs to provide the program consistently through training, reporting, program fidelity rules, and data collection.
- b. Coordinate with the MDCH/MSA to gain inclusion of CCC® as a HCBS waiver-funded service with its own service code.
- c. Collaborate with authors Ken Hepburn, Ph.D. and Carey Sherman, Ph.D. on the development, review, and refinement of training modules for ADRC I&A and Options Counselors, PCAs, community caregivers, nursing homes and others.
- d. Introduce CCC® training to organizations not already involved.

Outcomes and Performance Measures

- a. Quality and timeliness of required data reporting.
- b. Positive customer evaluations.
- c. Positive results of fidelity monitoring.
- d. Increased demand for CCC® training.
- e. Growth of Master Trainer Corps.

<p align="center">Issue Area III-D Mental Health and Aging</p>

Objective

Develop and strengthen a partnership between the Behavioral Health and Developmental Disabilities Administration (BHDDA), Medical Services Administration (MSA), and OSA to address unmet needs of older adults at risk of depression and suicide as a result of co-morbid conditions.

Strategies

- a. Plan and implement an evidence-based program for older adults at risk of suicide and depression.
- b. Revise assessments to include two tested items on depression identification and potential suicide risk.
- c. Offer newly-developed training to care managers, supports coordinators, I&A specialists, options counselors, and waiver staff.
- d. OSA and BHDDA will design joint strategies to address the needs of older adults with serious mental illnesses.
- e. OSA and the Developmental Disabilities Council will design strategies to provide or coordinate services for persons with developmental disabilities who become aged and/or develop dementia.

Outcomes and Performance Measures

- a. Existence of an evidence-based program for older adults.
- b. Provide training on the new evidence-based program.
- c. Assessment forms are modified to include two tested items to identify those at-risk.
- d. Plans exist to address the needs of older adults with serious mental illness and developmental disabilities.

STATE PLAN GOAL IV

Provide advocacy, information, training and services to support the rights of older adults to live free from abuse, neglect, and exploitation.

<p align="center">Issue Area IV-A Elder Abuse</p>
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Objective

Improve coordination of vulnerable adult protection initiatives to more efficiently utilize limited resources, and establish a permanent state-level presence to respond to grant and other opportunities.

Strategies

- a. Convene a state coalition, led by OSA, with representation from DHS Adult Services, AAAs, ADRCs, Senior Medicare Patrol, Department of Attorney General, Prosecuting Attorneys Coordination Council, Michigan Elder Justice Project, and Michigan State Police to analyze current service delivery systems; make recommendations for restructuring and improving coordination.
- b. Revise OSA elder abuse service definitions/standards and explore development of elder abuse reporting system.
- c. Explore development of a state vulnerable adult abuse website/clearinghouse designed for practitioner use.
- d. Design a public awareness effort highlighting recent elder abuse prevention legislation.
- e. Provide training and guidance to ADRCs and LTSS community.

- f. Provide technical assistance and guidance for community adoption of the state model investigative protocol (Public Act 175 of 2012; MCL 400.11a).
- g. Work with elder rights/elder abuse prevention partners to develop training curricula for health providers to identify potential abuse and financial exploitation, and increase understanding and utilization of abuse reporting protocols.

Outcomes and Performance Measures

- a. Existence of restructuring plan.
- b. Current OSA elder abuse service definitions/minimum operating standards revised to reflect new legislation and current elder abuse prevention methods and practices.
- c. Public awareness strategy designed and implemented.
- d. Number of communities that have adopted investigative protocols.

<i>Issue Area IV-B Legal Services</i>
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Objective

Access to legal assistance for socially and economically vulnerable older adults is increased.

Strategies

- a. Conduct a legal services and elder rights system capacity initiative.
- b. Revise OSA legal services minimum operating standards to include ADRC program coordination.
- c. Work with legal network partners to develop and promote webinars and printed materials to raise awareness about legal and elder rights issues.
- d. Train ADRC partners in order to achieve earlier intervention and referral to the legal services network.
- e. Expand the legal services reporting system to include referral data, unmet need data, and elder abuse case data.

Outcomes and Performance Measures

- a. Capacity assessment completed.
- b. Legal services minimum operating standard revised.
- c. Early intervention training protocol developed.
- d. Legal Services Reporting System report enhancements completed and systems analysis and review conducted annually.

<i>Issue Area IV-C State Long-Term Care Ombudsman (LTCO)</i>

Objective

Improve the quality of life and quality of care of individuals living in Michigan's licensed long-term care facilities through a statewide, unified, independent LTCO program; expand LTCO services to other long-term care settings of the individual's choice.

Strategies

- a. Provide direct advocacy services to individuals expressing a question, concern, or complaint with their long-term supports and services.
- b. Develop a uniform training and certification process for all LTCO volunteers.
- c. Develop a plan to reconfigure the LTCO to create a more unified and independent program.
- d. Provide outreach and information about LTCO services to people using LTSS.

- e. Participate in legislative and administrative-level advocacy to better serve people using LTSS.
- f. Participate in state and local ADRC efforts.

Outcomes and Performance Measures

- a. All LTCO staff is trained using the standard Michigan LTCO curriculum.
- b. Services are provided by certified LTCO staff only.
- c. Volunteer training and certification policy is adopted, and all LTCO volunteers are certified.
- d. Existence of a plan to reconfigure the program.
- e. Make two fact sheets and program brochures available to local LTCO staff and volunteers for annual distribution.
- f. Respond to legislation affecting people using LTSS, as needed.
- g. Promote public administration policies that benefit long-term people using LTSS.
- h. Assure continuing education is available annually to all LTCO staff.
- i. Use a data system compatible with federal reporting requirements; monitor data quarterly to identify trends or problems.
- j. Evaluate program effectiveness by using state and local versions of the national Long-Term Care Ombudsman program effectiveness tools.

STATE PLAN GOAL V

Develop and enhance public and private partnerships to better serve older adults.

<i>Issue Area V-A Partnership Development</i>

Objective

Develop a more robust partner network to strengthen opportunities for older adults.

Strategies

- a. Strengthen interdepartmental relationships within state government.
- b. Increase outreach strategies, including social media, to include non-traditional partners.
- c. Engage with foundations and connect them to aging-related programs.
- d. Seek out and develop ongoing relationships with new organizations and corporations that have interests in aging issues/initiatives.
- e. Strengthen involvement with local communities in aging-friendly initiatives, including a focus on livable communities, access to services, and local financial support.
- f. Work with organizations committed to leadership development to engage older adults in leadership, mentoring, advising, supporting, and teaching opportunities to share their professional, personal, and technical knowledge and skills with others.

Outcomes and Performance Measures

- a. Increased coordination and reduction of redundancy in aging programs across state departments and agencies.
- b. Increase in number of new partnerships with non-traditional partners.
- c. Increase in number of communities becoming involved in the Communities for a Lifetime program and similar initiatives.

<p style="text-align: center;">Issue Area V-B Lesbian, Gay, Bisexual, and Transgender (LGBT)-Friendly Services</p>

Objective

Access to LTSS by older adults who identify as LGBT is available.

Strategies

- a. Develop partnerships with local, state, and national LGBT organizations. to:
 - Learn more about each other's cultures.
 - Identify best practices and methods to develop LGBT-friendly service provision;
 - Assist in information and outreach to LGBT network.
- b. Identify available training resources and provide training and education to aging network and ADRC network staff.
- c. Include requirements for inclusion of non-discrimination language concerning LGBT older adults for grant award agreements, contracts, policies of OSA, AAAs and ADRCs.
- d. Review OSA and ADRC service definitions and minimum operating standards to ensure inclusion of LGBT older adults and to remove unintended barriers to inclusion.
- e. Mount a culture change effort between LGBT organizations, aging and ADRC networks focused on inclusion and making services LGBT-friendly. This includes staffing and support of an LGBT advisory group to assist in planning and to provide feedback on performance measurements.

Outcomes and Performance Measures

- a. Number of aging network and ADRC staff trained on LGBT awareness and LGBT-friendly service provision.
- b. A data-gathering plan exists to demonstrate progress in reaching LGBT community.

<p style="text-align: center;">Issue Area V-C Veterans' Access to Benefits and Services</p>
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Objective

Increase awareness among veterans about aging network programs and access to services.

Strategies

- a. Develop a relationship with newly-created Michigan Veterans Affairs Agency, housed within the Michigan Department of Military and Veterans Affairs.
- b. Invite veterans' organizations to be ADRC partners.
 - Coordinate with Veterans Affairs or Veterans Medical Center staff to obtain training on veterans' benefits for ADRC I&A Specialists and Options Counselors.
 - Work with Marquette/Grand Rapids Veterans' nursing homes to promote ADRC partnership, educate about ADRC functions, and provide community resources specific to nursing facility transition.
 - Provide information to Marquette/Grand Rapids veterans' nursing homes on how to obtain OSA's PCP training for their staff.
- c. Develop veterans' benefits specialty expertise in MMAP to increase veterans' access to benefits and programs.
- d. Work with veterans' organizations providing EBDP programs to ensure data on veteran participants is collected.
- e. Revise assessment, NAPIS, and other OSA-sponsored program data collection efforts and instruments to include asking and recording whether a person seeking /receiving supports and services is a veteran.

Outcomes and Performance Measures

- a. Number of ADRC I&A Specialists and Options Counselors trained on veterans' benefits.
- b. Number of nursing home staff (Marquette and Grand Rapids Veteran's nursing homes) trained in PCP.
- c. Veterans receiving supports and services are tracked.

<i>Issue Area V-D American Indian Elders</i>

Objective

American Indians, both those connected with recognized tribes and those who belong to independent organizations, are included in outreach and partner opportunities.

Strategies

- a. Maintain a visible presence in the State Liaison and Tribal Leaders Summits in order to coordinate Title VI services with Title III and other federally-funded services.
- b. Designate a representative to respond to inquiries about services to older adults from American Indian organizations.
- c. Reach out to American Indians for input into policies and new ways to create partnerships.
- d. Encourage collaborations with tribal sovereignties, ADRCs, and AAAs.

Outcomes and Performance Measures

- a. Tribal summits attended by OSA.
- b. Specific outreach strategies exist for ADRCs and AAAs.

STATE PLAN GOAL VI

Employ continuous quality improvement and innovation to accommodate the changing needs of older adults.

<i>Issue Area VI-A Area Agency on Aging (AAA) Oversight</i>
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Objective

Monitor performance of AAAs awarded funds under the Older Americans Act and by the Michigan Legislature.

Strategies

- a. Monitor compliance with OSA operating standards for AAAs, OSA operating standards for service programs, and other state or federal mandates, requirements or policies.
- b. Provide financial and program technical assistance, support, and oversight of all AAAs.

Outcomes and Performance Measures

- a. Area plans are approved by the Michigan Commission on Services to the Aging.
- b. Formal financial and performance assessments are conducted.
- c. Program and audit reports are reviewed.
- d. On-site monitoring of AAA governance is conducted.
- e. Technical assistance is provided, as needed.

**Issue Area IV-B
Technology**

Objective

OSA will continue to develop and enhance its internet-based Aging Information System (AIS) to provide secure information systems, and support informed decision-making and effective service delivery.

Strategies

- a. Ensure comprehensive reporting on participants/services at state, AAA, and local levels.
- b. Develop a comprehensive profile of participants and services to help program planners ensure that services are participant-driven and provide maximum flexibility.
- c. Integrate analysis and reporting of financial and program data.

Outcomes and Performance Measures

- a. Annual NAPIS report is developed.
- b. Annual AAA data quality review analysis is developed for AAA assessments.
- c. Technical assistance and data review with grantees' agencies takes place.
- d. Technology is upgraded to automate and streamline oversight functions (FIRST software for one-stop financial reporting).

**Issue Area VI-C
Profile of Participants and Services**

Objective

Develop a comprehensive understanding of program participants and services to support development and coordination of a comprehensive and seamless array of LTSS.

Strategies

- a. Develop and enhance data reporting systems to capture more precise data.
- b. Conduct ongoing analysis and reporting of program and service data.
- c. Include service array requirements in AAA multi-year and annual implementation plans (MYP/AIP).
- d. Review data trends, program participant profiles, and longitudinal data.
- e. Compare aging network cost and service data against other service data (Medicaid nursing facility participant data).
- f. Review service array options as part of MYP/AIP reviews.

Outcomes and Performance Measures

- a. Ongoing review of program and service reports and data (NAPIS, VIS, FIRST).
- b. Develop detailed data reports and analysis (annual NAPIS report).